

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-088346**  
APPLICANT(S)

FILING DATE

| CLAIMS       |      |                     |      |                     |      |
|--------------|------|---------------------|------|---------------------|------|
| AS FILED     |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
| IND.         | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            |      |                     |      |                     |      |
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| TOTAL IND.   |      |                     |      |                     |      |
| TOTAL DEP.   |      |                     |      |                     |      |
| TOTAL CLAIMS |      |                     |      |                     |      |

  

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| 100          |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |

PTO-1300 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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